Protocol-K

2025 version

Objective: Application for skin diseases and conditions that require in-depth topical treatment.

Important: The area to be treated must be perfectly clean, free of perfumes, oils, makeup, soap residue and other contaminants before starting the treatment.

General Dose: Use of CDS (Chlorine Dioxide Solution) (0.3% = 3000 ppm) combined with 70% diluted DMSO (Dimethyl sulfoxide), (7 parts undiluted DMSO + 3 parts water).

(**Editor:** Don't confuse DMSO purity percentage (%) with DMSO water dilution percentage. Using distilled water for DMSO dilution will not decrease DMSO purity.)

Instructions:

Allergy Test: Before using DMSO, always perform an allergy test on the patient. Apply a drop of 20% water diluted DMSO (1 part DMSO + 4 parts water) to the forearm and wait for it to dry. In rare cases, some people may develop allergy symptoms. It is normal to feel a slight itch, as this activates blood circulation. If there are significant allergic reactions, discontinue the use of DMSO.

Protocol Application:

- Apply CDS first and let it dry on your skin. (**Editor:** Don't let it dry.)
- Then, apply 70% diluted DMSO (50% if from the waist up) and allow it to dry.
- Finish by applying undiluted CDS (3000 ppm) again to the skin.

This process can be repeated every hour if necessary, but no more than 5 to 10 times a day.

DMSO needs to be diluted: 7 parts DMSO + 3 parts distilled water or 0.9% saline solution before applying. If 70% dilution causes irritation, then try 50% dilution. (Equal parts DMSO and water.)

Rotation of Skin Areas: If the treatment is performed on a large scale, alternate the treated skin areas every application.

Treatment Frequency: Perform this procedure for 3 consecutive days a week and then allow the skin to regenerate for the next 4 consecutive days (stop applying CDS and DMSO for 4 days.) If you experience dry skin after a long-term treatment, you can apply coconut oil, extra virgin olive oil, or aloe vera afterwards. If dryness and irritation are excessive, consider reducing concentration or resting from treatment.

After Treatment: Thoroughly clean the treated area to remove all traces of DMSO. If a large area was treated, take a shower, then clothing can be put back on. If showering is not an option, then use medical grade white cotton gauze to cover the area.

Precautions: Do not use DMSO in enemas.

Use suitable bottles for DMSO, such as glass, HDPE (High-density polyethylene), LDPE (Low-density polyethylene) and PP (polypropylene) for DMSO, without the rubber droppers. Do not use PVC, acrylic, ABS, PET, polystyrene, or polycarbonate as they could be dissolved by DMSO, which is a solvent.

Silicone O-rings and disc seals have moderate compatibility with DMSO. Some sources indicate that concentrations of DMSO greater than 50% may cause damage to silicone over sustained exposure. While silicone is generally resistant to many chemicals, DMSO can cause swelling or degradation over time, especially at high concentrations or with prolonged contact.

For reliable long-term bottle sealing of DMSO, consider using Teflon (PTFE) or FFKM O-rings and disc seals, which offer superior chemical resistance. If using silicone, limit exposure time and concentration, and inspect seals regularly.

LDPE pipettes could be used to transfer liquids from the bottles to areas on the human body. And, **LDPE squeeze bottles** could be used to apply liquids if 100% LDPE. Label the CDS and DMSO bottle parts, so there will not be any cross contamination.

Do not use gloves or other plastic products, as they can also dissolve and penetrate the skin. Clean hands and fingers, free from soap residue, work fine to apply DMSO.

This protocol is useful for treating skin diseases, wounds and conditions that require in-depth topical treatment. However, be aware of precautions and perform an allergy test before using DMSO.

Edited by CL and TW 22Nov'25